Thames Valley
Family Health Team

Medical Directive

Title:	**First Obstetrical Visit**	Assigned Number:	**011**
Activation Date:	**July 1, 2011**	Review due by:	**December 2025**

Approval Signature & Date

Medical Director: _____ Date Reviewed: January 13, 2023

Clinical Services Director: _____ Date Reviewed: January 13, 2023

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

Assessment, completion of antenatal forms and ordering of appropriate tests for patients who are in their first trimester of pregnancy by Registered Nurses/ Registered Practical Nurse by chart review and in person.

Recipient Patients:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title**:

All active pregnant patients of TVFHT physicians, identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**

Thames Valley FHT Registered Nurses (RN)/ Registered Practical Nurse (RPN) *

* The implementing RN/RPN must receive orientation with regards to the task by completing the Implementer Performance Readiness Form(s), (+/- quiz). The RN/RPN must sign the Implementer Performance Readiness form electronically, via HR Downloads (Appendix 8) after successful completion of the orientation (and quiz, if applicable). Following review of this directive and successful educational orientation, the Implementer Approval form must be signed electronically via HR Downloads by the RN/RPN indicating acceptance of this medical directive.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

Pregnant patients who have been diagnosed with first trimester pregnancy by urine dip, serum BHCG, or ultrasound.

Contraindications:

1. Patients who have been identified by the family physician as an unsuitable candidate for this directive
2. Patients with previously diagnosed obstetrical problems
3. Patients with signs of miscarriage, e.g., bleeding and/or pain
4. No verbal consent from the patient
5. Multiple gestation (if known)

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Patients of the Thames Valley FHT physicians
2. Implementer obtains verbal consent prior to implementation of care

Guidelines for Implementing the Order/ Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Review chart for recent investigations
2. Perform pregnancy test if applicable and inform patient of results. If patient is < 16 yo with a positive pregnancy test, notify physician or nurse practitioner
3. Take weight, height and blood pressure. A urine dip is no longer required in uncomplicated pregnancies (https://www.ncbi.nlm.nih.gov/m/pubmed/16266604/?i=11&from=urine+protein+glucose+screening+pregnancy#fft)
4. Complete the history portion of the latest version of the Ontario Perinatal Record
5. Complete OHIP lab requisition and Prenatal Public Health Requisition for CBC, ABO Rhesus and Antibody Screen, Rubella Immune Status (if a pregnant patient has no record of past rubella immunity and no proof of immunization against rubella – as per SOGC guidelines No. 368-Rubella in Pregnancy - Journal of Obstetrics and Gynaecology Canada (jogc.com)), HBsAg, VDRL, HIV (optional, the patient needs to consent to this test). A ferritin should be completed if there is a history or current concern about anemia or iron deficiency. A TSH should be completed in patients who have known thyroid disease or are at high risk. For more details see section 8.0 of the following links https://academic.oup.com/jcem/article/97/8/2543/2823170, https://pubmed.ncbi.nlm.nih.gov/28056690/).

   Higher risk criteria:

   Patients over age 30 yr

   Patients with BMI >=40kg/m^2

   Patients with a family history or autoimmune thyroid disease or thyroid dysfunction

   Patients with a goiter

   Patients with thyroid antibodies, primarily thyroid peroxidase antibodies

   Patients with symptoms or clinical signs suggestive of thyroid hypofunction or hyperfunction

   Patients with type 1 diabetes or other autoimmune disorders

   Patients with a prior history of miscarriage, preterm delivery, or infertility

   Patients with prior therapeutic head or neck irradiation or prior thyroid surgery

   Patients currently receiving levothyroxine replacement

   Recent use of amiodarone or lithium, or recent administration of iodinated radiologic contrast

   Patients living in a region with presumed iodine deficiency

6. Order urine C&S: urine gonorrhea/chlamydia may also be ordered if cervical swabs not being done
7. Prepare an ultrasound requisition for dating purposes for all patients with a positive pregnancy test
8. Prepare swabs for vaginal C&S and chlamydia of cervix and pap smear only if performing these tests at this visit.
9. Inform the patient of the option for eFTS (Enhanced First Trimester Screen) testing (once dating ultrasound information known) The eFTS consists of the NT (Nuchal Translucency) Ultrasound measurement plus 4 first trimester maternal serum markers.
10. Documentation of results on latest version of the Ontario Perinatal Record including but not limited to last pap smear date, laboratory investigations ordered above, once received.
11. Provide patient with Public Health Unit information re: pre-natal classes.
12. Provide patient with information around NACI pertussis vaccine recommendations
13. Provide patient with current options for ongoing obstetrical care (e.g., Obstetricians – will require referral by primary care provider, family practice with focused obstetrical practice – will require referral by primary care provider, midwives – self referral)
14. Provide prescription for doxylamine succinate/pyridoxine hydrochloride (Diclectin®) 2 tablets at bedtime (and 1 additional tablet in the morning and 1 additional tablet mid-afternoon as needed for symptom control) for up to 3 months if patient has nausea and vomiting of pregnancy. Provide information on conservative measures for nausea and pregnancy symptoms: https://www.uptodate.com/contents/nausea-and-vomiting-of-pregnancy-beyond-the-basics?search=nausea+and+vomiting+in+pregnancy&source=search_result&selectedTitle=1~4

Appendix 1: Diclectin for Nausea and Vomiting in Pregnancy

Drug Name	Route/Dosage	Indications	Contraindications / Adverse Effects / Other Considerations
Diclectin ® (doxylamine succinate 10 mg and pyridoxine hydrochloride 10 mg)	Two 10 mg tablets orally at night to control symptoms in the AM, one 10 mg tablet in AM and one 10 mg tablet in mid-afternoon for symptoms control throughout day	Management of nausea and vomiting in pregnancy	Contraindications • hypersensitivity to doxylamine succinate, other ethanolamine derivative antihistamines, pyridoxine hydrochloride or any nonmedicinal ingredient in the formulation; • at risk for asthmatic attack; • narrow angle glaucoma; • stenosing peptic ulcer; • pyloroduodenal obstruction; • bladder-neck obstruction; • patients taking monoamine oxidase inhibitors (MAOIs) [including linezolid, an antibiotic which is a reversible non-selective MAO inhibitor and methylthioninium chloride (methylene blue)] Adverse Effects

			• Most commonly: somnolence • Other: vertigo, nervousness, epigastric pain, headache, palpitation, diarrhea, disorientation, irritability, convulsions, urinary retention, or insomnia Lactation Prolonged use of doxylamine is not recommended in lactating mothers due to the potential for sedation of the breastfed infant.

15. Inform patient to book in with their Physician or a nurse practitioner in 4 weeks (once dating ultrasound and other investigations are complete) or earlier if concerns raised at this obstetrical visit

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Documentation in the patient's medical record needs to include name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient.
2. Information regarding implementation of the procedure and the patient's response should be documented, in the patient's medical record, in accordance with standard documentation practice.
3. Standard documentation is recommended for requisitions.*

* Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.
College of Nurses of Ontario (2008). CNO Practice Standard: Documentation

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

The Directive remains in force until and unless amendment occurs. Review will occur biennially or if the following situations occur:

1. In the case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the Implementing Discipline will be consulted.
2. At any time that issues related to the use of this directive are identified, the team must act upon the concerns by immediately identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the Implementing Discipline, before necessary changes are made.
3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one implementing RN/RPN.

Approving Physician(s)/Authorizer(s):	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**

TVFHT Authorizer Approval Form signed in HR Downloads.